MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019988 APPLICANT(S)

FILING DATE

1	AS F	ILED	AFT	ER	AF	TER NDMENT	LAIMS	*	·····			 -	
	IND.	DEP.	IND.	DEP.	2nd AME IND.	DEP.			·	<u> </u>		<u> </u>	
1	1			DEF.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DE
2		,	 	ļ			51		1		ļ	<u> </u>	L
3		 	 				52		 			<u> </u>	
4		 					53		<u> </u>				
5		1-1-			 		54		<u> </u>			L	
6		1			 		55					L	
7		1	 		 	 	56		-!				
8	-	 	 		 		57	<u> </u>					
9		,	-		 		58		1			<u> </u>	
10					 		59						
11		1	 -	-	·	 	60						
12		 	 		-		61		1				
13		7		 		<u> </u>	62		1	L			
14		 			<u> </u>		63				<u> </u>		
15		 		 		 	64						
16			 	 	 -	 	65						
17		 	 	 		<u> </u>	66						
18		 	— —	 	 	 	67	<u> </u>					
19			 	 	 /- -	 	68						
20					 	 	69						
21		 	 	 	 		70						
22			 	 	 		71		•				
23					 		72						
24							78						
25	7						74						
26		1				ļi	75						
27			<u> </u>			 _	76						
28		1					77					 	
29				ļi			78						
30							79						
31							80						
32							81					T -	
33			 	<u> </u>		·	82						
34					 		83						
35					 -		84					— −	
36		-					85						† <u> </u>
37				 			86		•				
38		 				ļ	87					<u> </u>	\vdash
39							88					t	
40							89						
41		-					90					 	
42		- 					91					<u> </u>	
43					-		92					 	_
					· .		93					 	
44				-			94						-
							95						
46							96					- -	-
47							97					<u> </u>	
48		1					98			·		 	
49	1						99					<u> </u>	
50]					100		 		·	<u> </u>	<u> </u>
OTAL												<u> </u>	<u> </u>
OTAL EP.		4		الحا			TOTAL IND.		<u> </u>		1		1
OTAL LAIMS		Contract Contract					TOTAL DEP.				ب	_	-
AIMS	(3-78)		_		• "		TOTAL CLAIMS					 	